

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	INORGANIC BORANOPHOSHATE SALTS
Attorney Docket Number::	FISCHER23
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israeli
Status::	Full Capacity
Given Name::	Bilha

Middle Name::
Family Name:: FISCHER
Name Suffix::
City of Residence:: Shoham
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 5 Adulam Street
City of Mailing Address:: Shoham
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 73142
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israeli
Status:: Full Capacity
Given Name:: Victoria

Middle Name::
Family Name:: NAHUM
Name Suffix::
City of Residence:: Rishon Lezion
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 8 Harashba Street
City of Mailing Address:: Rishon Lezion
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 75483

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

This Application	National Stage of	PCT/IL05/000118	02-02-05
PCT/IL05/000118	Appln claiming benefit of 35 USC 119(e)	60/540,343	02-02-04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee Name::	Barilan University
Street of Mailing Address::	Bar-Ilan University
City of Mailing Address::	Ramat-Gan
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	52900